IOM
UN MIGRATION

IOM EAST AND HORN OF AFRICA

REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

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UPDATED ON 6 APRIL 2020

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

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COVID-19 SITUATION EAST & HORN OF AFRICA

IOM Assessment of Water PoE between Tanzania and DRC Photo: © IOM

UPDATED: 06/04/2020

462 CONFIRMED CASES

09 CONFIRMED DEATHS

10/10 COUNTRIES WITH CASES IN THE EHOA

KENYA	142	ERITREA	29
RWANDA	104	TANZANIA	22
DJIBOUTI	59	SOMALIA	07
UGANDA	52	BURUNDI	03
ETHIOPIA	43	S. SUDAN	01

Deaths: Kenya **6**, Ethiopia **2,** Tanzania **1**.

MIGRANTS IN VULNERABLE SITUATIONS

259,966 Migrant movements observed (DTM, March 2020)

6.3M IDPs (Dec 2019 – DTM, OCHA)

7,223 Migrant arrivals in Yemen from the Horn (DTM, march 2020)

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

International Organization for Migration (IOM)
The UN Migration Agency

IOM'S FUNDING REQUIREMENT FOR THE COVID-19 PREPAREDNESS AND RESPONSE IN THE EAST AND HORN OF AFRICA: USD 71,600,000

Coordination and partnerships;
1,700 officials.
USD 1,505,000

Risk communication and community engagement (RCCE);
6,044,023 individuals.
USD 4,740,000

Disease surveillance;
215,900 individuals & 19,450 officials.
USD 9,355,000

Points of entry (POE);
2,152,844 individuals & 36 PoEs.
USD 10,041,000

National laboratory system;
16,920 individuals & 610 health care professionals.
USD 865,000

Infection prevention and control;
3,380,703 individuals & 1,210 officials.
USD 10,849,000

Case management and continuity of essential services;
117,046 individuals & 216 Health care workers; 182 Facilities.
USD 6,685,000

Logistics, procurement and supply management;
534,690 individuals.
USD 9,455,000

Protection;
159,550 individuals.
USD 4,895,000

Camp coordination and camp management (CCCM);
1,295,732 individuals.
USD 3,615,000

Displacement tracking matrix (DTM);
255,000 individuals.
USD 2,090,000

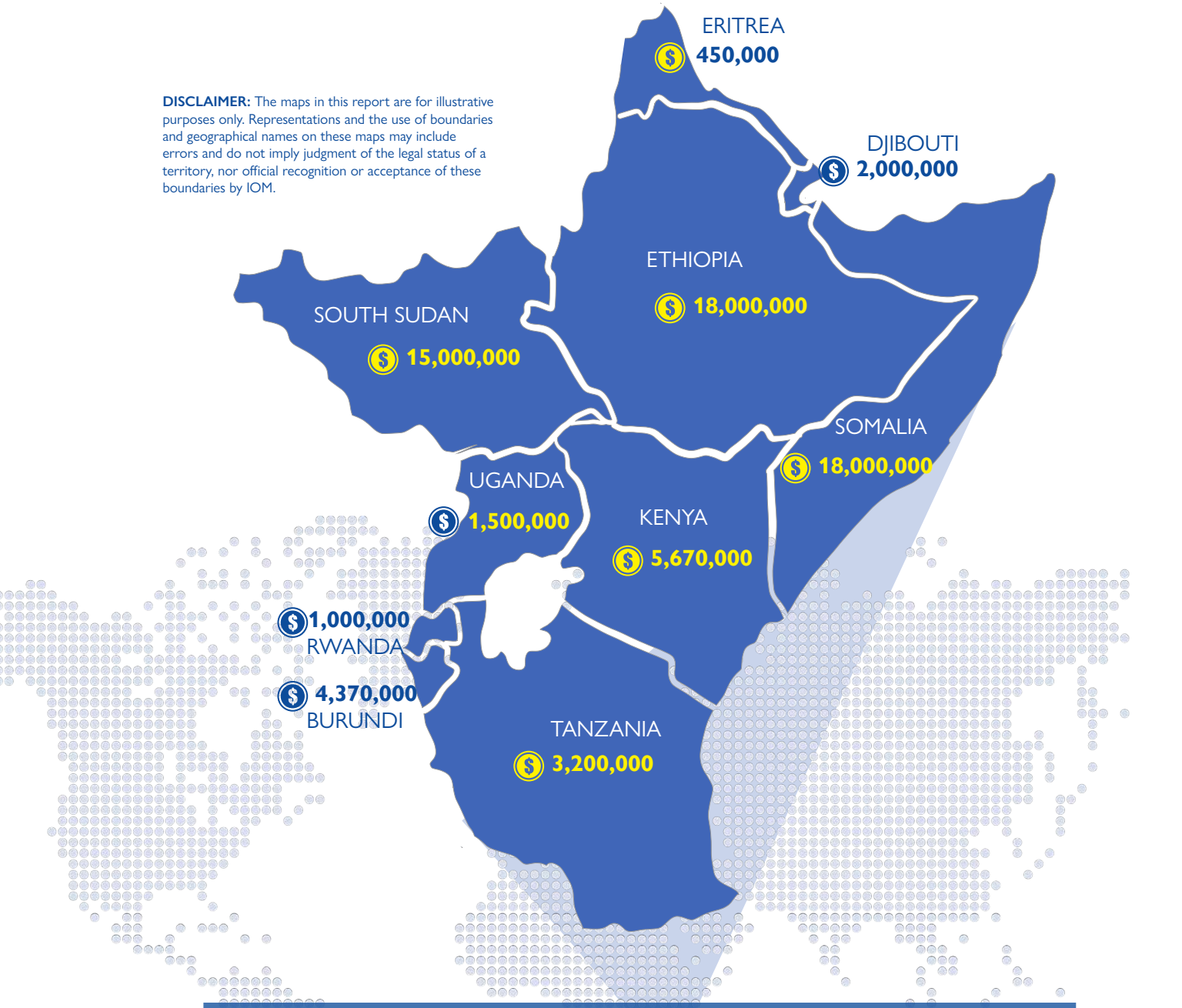
Addressing socio-economic impact;
18,080 individuals.
USD 7,505,000

This amount represents an indicative requirement for IOM's planned interventions, broken down by country. It also covers emerging needs to ensure direct assistant to Member States in their preparedness and response to COVID-19. The funds will enable IOM to address COVID-19 preparedness and response interventions as set out in this plan in a timely manner.

Given the evolving nature of the outbreak the funding requirements will be reviewed frequently. Estimates are based on IOM's experience responding to previous public health emergencies, such as the ongoing response to Ebola in the Democratic Republic of Congo and neighbouring priority countries. Funding requirements at country level and per activity pillar will be dependent on Member States capacity and will be correlated to emerging needs and mobility dynamics.

All interventions proposed build on and contribute to IOM's Global Strategic Preparedness and Response Plan and where available, national COVID-19 preparedness and response plans. Specific responses per country are outlined in the respective annex.

DISCLAIMER: The maps in this report are for illustrative purposes only. Representations and the use of boundaries and geographical names on these maps may include errors and do not imply judgment of the legal status of a territory, nor official recognition or acceptance of these boundaries by IOM.



COUNTRY	TOTAL REQUESTED AMOUNT (USD)
Burundi	4,370,000
Djibouti	2,000,000
Eritrea	450,000
Ethiopia	18,000,000
Kenya	5,670,000
Rwanda	1,000,000
Somalia	18,000,000
South Sudan	15,000,000
Uganda	1,500,000
United Republic of Tanzania	3,200,000
Regional coordination and support	2,410,000
Total Amount Requested	**71,600,000**

Photo: Somalia © IOM

SITUATIONAL ANALYSIS

INFECTIONS HAVE BEEN CONFIRMED IN ALL TEN COUNTRIES IN THE REGION AND HAVE MORE THAN DOUBLED IN THE FIRST FEW DAYS OF APRIL

On 30 January, the WHO Director General, based on the advice of the International Health Regulation Emergency Committee (IHR EC), declared the 2019 Novel Coronavirus (COVID-19) a Public Health Emergency of International Concern, with it being characterized as a pandemic by WHO on 11 March 2020.

As of 6 April 2020, over 1.2 million cases and almost 70.000 (69,479) deaths have been reported globally. The Africa WHO region have registered 6,023 confirmed cases. The East and Horn of Africa (EHOA) region, like the whole continent of Africa, is currently at the beginning of the epi curve, with relatively low numbers of COVID-19 confirmed cases. However, infections have been confirmed in all ten countries in the region and have more than doubled in the first few days of April (from 213 infections recorded in the region on 1 April to 462 reported on 6 April. Initially, cases were imported, but currently eight out of ten countries are facing local/community transmission.

Photo: © IOM

There are serious concerns that the situation might escalate in the next weeks modelling the epi curve of other regions. The interlinkages between human mobility and the current pandemic of COVID-19 are well established, and while international flights have been suspended in the region, the porous borders on land and water crossings remain difficult to control.

Laboratory testing for COVID-19 is available in most countries, either in-country or abroad, but the capacity is limited and often only individuals with symptoms are identified for testing, meaning the risk of transmission from asymptomatic cases remains unknown. Furthermore, the current availability and capacity for (COVID-19) testing is likely to be insufficient, given the different epi-scenarios. If Africa experiences similar COVID 19 epi-curves observed elsewhere (such as in China, Europe and the United States), increasing laboratory testing capacity so as to improve early detection and diagnosis, across all countries in the region, will benefit the population, country, region, and will contribute to the overall global efforts to tackle the COVID-19 pandemic.

The impact of the COVID-19 outbreak on the East and Horn of Africa is expected to be far reaching and more catastrophic than for high income countries

The impact of the COVID-19 outbreak on the East and Horn of Africa is expected to be far reaching and more catastrophic than for high income countries given concurrent co-morbidity among the general population, the population size, and status of health systems and health workforce, which both have low resilience to external shocks and have insufficient critical care capacities. The underlying health issues in the region are represented by higher HIV and Tuberculosis prevalence, higher burden of respiratory tract infections and malnutrition, even in the young populations, compared to high income countries. These pre-existing conditions are expected to worsen any health impacts from COVID-19. It can be estimated that the number of COVID-19 cases with severe progression of the disease may be exacerbated by all of the above, creating an unmanageable and unaffordable burden on the already overstretched health systems.

Communal living and the high density of urban and peri-urban areas in Africa, including slums and informal settlements, pose another significant challenge to containing COVID-19. With the rainy season already upon the East and Horn of Africa, individuals who may already suffer from respiratory illnesses and water borne diseases are likely to be acutely vulnerable to COVID-19. Of great concern will be the potential flooding, landslides, or other disasters that could induce the displacement of communities, further complicating COVID-19 transmission patterns and prevention strategies.

IOM staff in Kenya sanitizing their hands as they awaited deployment by the Ministry of Health to the different quarantine facilities within Nairobi City. Photo: Kennedy © IOM

In addition, by the end of 2019, internal displacement in the East and Horn of Africa region accounted for an estimated 6.3 million internally displaced persons (IDPs) and 3.5 million refugees and asylum-seekers under the management of humanitarian agencies. In the event of the spread of COVID-19 in this setting, higher transmissibility due to larger household sizes, intense social mixing between the young and elderly, overcrowding and displaced people's camps, inadequate water and sanitation, might propagate transmission disproportionately and faster.

Most countries in the region remain chronically affected by climate-induced disasters and protracted conflicts, all of which create human mobility and new waves of forced displacement, exacerbated by already existing humanitarian needs. During 2019, over 744,000 movements were recorded by IOM in Djibouti, Ethiopia, Somalia, and Yemen across the main migration routes characterizing this region. Most migration was observed across countries along the Eastern route (63%), followed by the Horn of Africa route (33%), the Northern route (2%) and the Southern route (2%). In total, 50 per cent were migrating towards the Kingdom of Saudi Arabia (KSA), 16 per cent intended to travel to Somalia, 12 per cent were headed to Yemen, 12 per cent to Ethiopia and 5 per cent to Djibouti. Many of this mixed flow of migrants are crossing borders using unofficial ports of entry which lack health surveillance present serious risks. Failing to detect even a single COVID-19 case among this community may hamper the regional COVID-19 response efforts with catastrophic consequences in terms of lives lost.

The COVID-19 economic impact on this region is likely to compromise the lives of millions of people in countries, escalating pre-existing financial burdens.

The COVID-19 economic impact on this region is likely to negatively affect the lives of millions of people, thus escalating pre-existing financial burdens. Countries will be impacted both in the short and long term, especially in relation to sectors such as hospitality and tourism services, agriculture and livestock, health, construction and others.

Photo: © IOM

This will particularly affect the poor, vulnerable, internally displaced persons (IDPs), refugees and asylum seekers, migrant workers, people with disabilities, the elderly and other populations in irregular situations. Countries will also suffer the shock of the reduced ability of migrant workers to continue working and send money back home, which is an essential source of income for their families and the communities they've left behind to. In order offer a possibility for diaspora members and affected communities to engage in collaboration and partnership to mitigate impacts of the crisis, IOM's global IDiaspora.org platform has been updated and now includes a dedicated page related to COVID-19 response.[1]

The current outbreak of COVID-19 has affected mobility globally, with various travel disruptions, restrictions and blockages. To better understand how COVID-19 affects global mobility, IOM's Displacement Tracking Matrix (DTM) has developed a global mobility database mapping the locations, status and different restrictions of points of entry and exit. As of 25 March 2020, IOM began tracking information on stranded migrants as well, including countries of origin. A dedicated landing page on the IOM Flow Monitoring[2] website has been developed, acting as a central repository and dissemination channel for flow monitoring, mobility tracking, management, movement and other reports, maps and outputs in relation to COVID-19 produced at country, regional and global levels. Currently all countries in the East and Horn of Africa have stopped international flights and many land crossings are closed. The IOM Regional Office for the East and Horn of Africa is supporting the roll out of this mapping of mobility restrictions exercise on countries' points of entry in response to COVID-19, and will produce regular updates on the status of the travel disruptions and conditions of stranded migrant caseloads in the region.

The current outbreak of COVID-19 has affected mobility globally, with various travel disruptions, restrictions and blockages.

Under the leadership of the WHO, the "Joint Regional Partners' Preparedness and Response Plan to support countries in East and Southern Africa for COVID-19" was developed and endorsed by Regional Directors of all UN agencies engaged in the COVID-19 response.[3] The plan, which defines the role and responsibility of each agency, assigned IOM as the lead agency for operations at points of entry/exit (PoE) with the ultimate goal that health screening, infection prevention and control (IPC) and risk mitigation measurements are functioning in all countries. IOM is also co-leading the technical working group on Risk Communication and Community Engagement (RCCE within this regional preparedness and response plan), with a focus on PoE and reaching migrants. In consideration of recent developments, IOM will also support surveillance and laboratory services. IOM is a participating agency contributing to all remaining pillars of this regional preparedness and response plan.

1. Available at https://idiaspora.org/emergency-response/response-covid-19-pandemic
2. Available at https://migration.iom.int/
3. The Regional Plan was developed during the "Regional Directors' Emergency partnership COVID-19 preparedness and readiness meeting", on 2 – 3 March, 2020 in Nairobi.

IOM'S REGIONAL AND NATIONAL CAPACITY TO RESPOND TO COVID-19

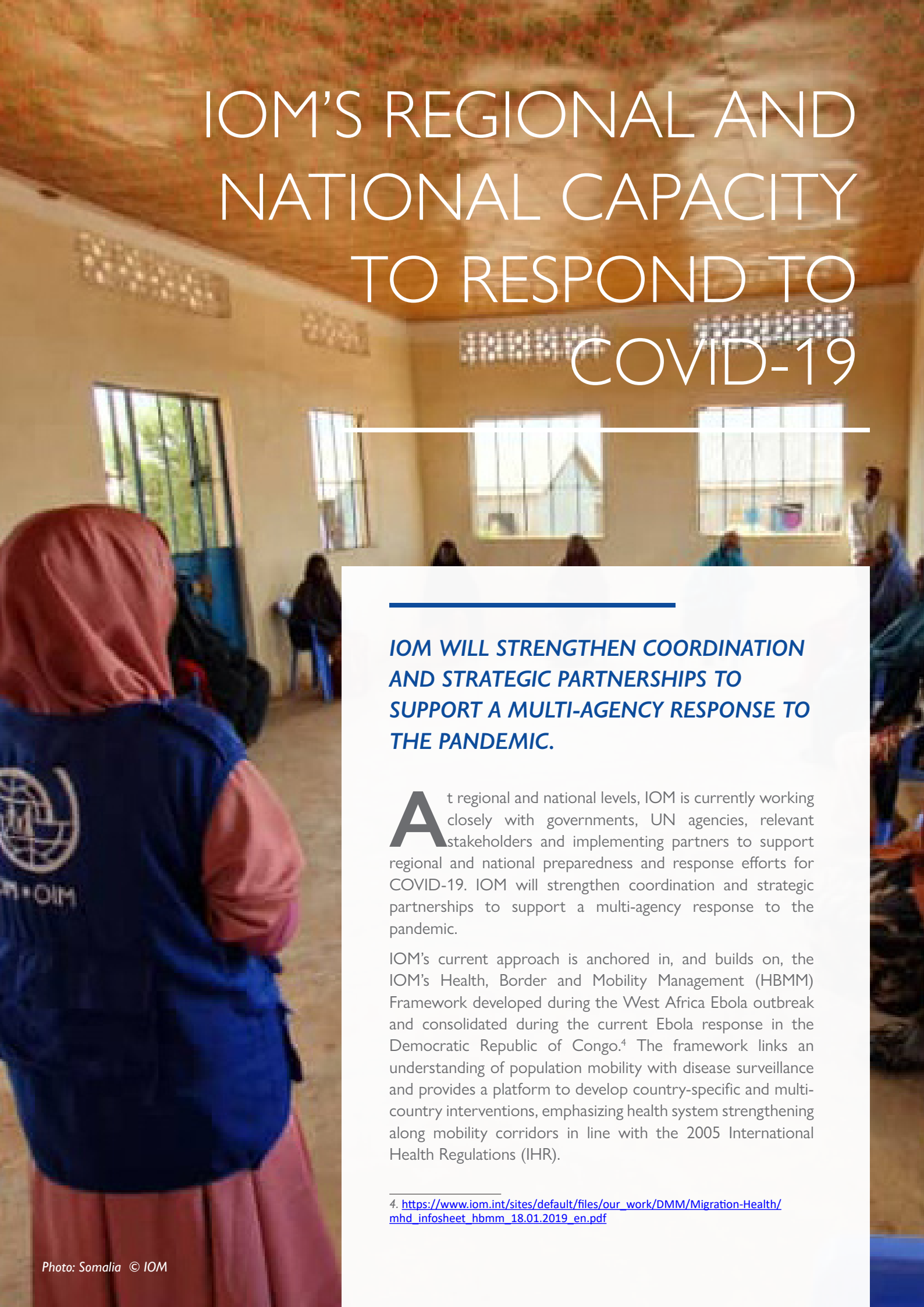


Photo: Somalia © IOM

IOM WILL STRENGTHEN COORDINATION AND STRATEGIC PARTNERSHIPS TO SUPPORT A MULTI-AGENCY RESPONSE TO THE PANDEMIC.

At regional and national levels, IOM is currently working closely with governments, UN agencies, relevant stakeholders and implementing partners to support regional and national preparedness and response efforts for COVID-19. IOM will strengthen coordination and strategic partnerships to support a multi-agency response to the pandemic.

IOM's current approach is anchored in, and builds on, the IOM's Health, Border and Mobility Management (HBMM) Framework developed during the West Africa Ebola outbreak and consolidated during the current Ebola response in the Democratic Republic of Congo.[4] The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

4. https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_hbmm_18.01.2019_en.pdf

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Furthermore, HBMM focuses on community engagement and empowerment, which has been shown to be a critical element for efficient and successful outbreak preparedness and response.

While addressing the public health emergency of the current COVID-19 outbreak, IOM's COVID-19 Regional Strategic Preparedness and Response Plan also addresses the humanitarian and development concerns presented by the current and the estimated impact of the global pandemic.

IOM is committed to maintaining its humanitarian operations serving migrants, including IDPs, refugees, and host communities. In this respect, a contingency plan for each IOM humanitarian operation has been developed in relation to preparedness and response to COVID-19; however, dedicated resources are needed to avoid depleting humanitarian funds.

IOM is an actively engaged member of the various COVID-19 national and regional technical working groups coordinated by WHO, namely laboratory, case management, risk communication and surveillance and PoE.

IOM has been operational in the region for over 20 years, supporting Member States and migrants to manage migration during times of crisis, as well as in non-crisis times. In addition to its extensive support to internally displaced persons in the region, in particular Burundi, Ethiopia, Somalia, and South Sudan, IOM has presence in proximity of refugee camps in Kenya, United Republic of Tanzania and Uganda. IOM migration health teams in the region consist of clinicians, nurses, laboratorians, radiologists, data entry and processing, and public health professionals well versed and experienced in outbreak response (including Ebola, cholera and measles). In addition, a team of IOM professionals from various departments and divisions provide necessary operational and logistical support for IOM's country-level responses.

IOM has been operational in the region for over twenty years supporting member states and migrants to manage migration during times of crisis, as well as in non-crisis times.

IOM has a network of laboratories[5] in the region normally used for its medical health assessments within the resettlement programme currently readapted to provide COVID-19 testing through Gene-Xpert machines, which will be made available for early diagnosis and detection of new-COVID-19 cases in humanitarian settings and to assist national governments in COVID-19 testing capacity.

In addition, IOM also has an internally developed migration data capturing system; the Migration Information and Data Analysis System (MIDAS), which is deployed in a number of points of entry throughout the continent. MIDAS can also be fully mobile and be deployed and used during this crisis to register migrants that choose to cross at points that become prolific during the crisis. As an innovative approach, IOM is looking at how to link information on health surveillance data of COVID-19 testing and migrant movement data as collected by government immigration departments. As the leading agency for PoE during the COVID-19 in accordance with the regional preparedness and response plan established by WHO, IOM's Immigration and Border Management (IBM) and Migration Health Division (MHD) divisions will support Member States on coordination, including cross border coordination with neighbouring states, as well as the provision of technical support for the development of Standard Operating Procedures (SOP) for crossing point procedures during a crisis, prevention, detection, notification, management and referral of ill travellers.

5. IOM has laboratories in Burundi, Ethiopia, Kenya, Nigeria, Nigeria, Rwanda, South Africa, Tanzania and Uganda

Infection Prevention and Control (Taking Temprature) of Refugees for VolRep to Burundi as Fit to Travel Medical Screening. Photo: © IOM

IOM's Immigration and Border Management (IBM) Division and Migration Health Division (MHD) will jointly cover the comprehensive spectrum of activities required at Points of Entry for the COVID-19 response

IOM's IBM staff can assist in the provision of infrastructure upgrades, systems and essential equipment and supplies to PoE as well as support the capacity building of border management agencies. The MHD staff will work closely with surveillance teams, port health staff and supervisors on SOPs, surveillance, health screening, data collection and infection prevention through public risk communication, including at points of entry and points of control. Furthermore, IOM will provide support to risk communication and community engagement activities among travellers and within and among cross border host communities. Jointly, both divisions will cover the comprehensive spectrum of activities required at PoE for the COVID-19 response.

Through IOM's Regional Data Hub for the East and Horn of Africa[6], Member States will be supported in accessing real time mobility restriction information and analysis about migrant stranded caseloads in need of assistance. Furthermore, specific data collection exercises will be launched based on mobility mapping needs across the countries, while technical support in generating disaggregated and harmonized migration data will continue. IOM will develop innovative information data management expanding the use of DTM for early warning alerts and produce spatial and geographical outbreak surveillance data.

This Preparedness and Response Plan for COVID-19 the East and Horn of Africa is aligned with and contributes to IOM's forthcoming revised Global Strategic Preparedness and Response Plan.

6. https://ronairobi.iom.int/regional-data-hub-rdh

It further supports the WHO's 2019 novel coronavirus (2019nCoV): strategic preparedness and response plan published on 3 February 2020[7], and the Inter-Agency Standing Committee (IASC) Global Humanitarian Response Plan (GHRP) launched on 25 March 2020, and its humanitarian dimensions are calibrated to contribute to the forthcoming GHRP.[8] It will be operationalized through twelve pillars for COVID-19 preparedness and response which are aligned to the global IOM strategic plan, as follows:

1. Coordination and Partnerships;
2. Risk Communication and Community Engagement (RCCE);
3. Disease Surveillance;
4. Point of Entry (PoE);
5. National Laboratory System;
6. Infection Prevention and Control (IPC);
7. Case Management and continuity of essential services;
8. Logistics, Procurement and Supply Management;
9. Protection;
10. Camp Coordination and Camp Management;
11. Displacement Tracking Matrix (DTM);
12. Addressing Socioeconomic impact.

The IOM Regional Office will establish an intra-thematic task force composed of regional and country experts from the following disciplines:

- Public health and related areas (epidemiologist, laboratory, clinical management, IPC, data entry and processing, nurses and pharmacists);
- Emergency (Water, Sanitation and Hygiene (WASH) engineers, camp coordination experts, including site planning and community mobilization, solar energy experts, cluster coordination capacity, common services including pipeline, and common transportation and warehousing experts);
- Information management (information analyst, software and data developers, geographic information systems and Displacement Tracking Matrix);
- Immigration and border management (border security, intelligence and investigations, document specialists, curriculum development and trainers); and
- Protection (protection specialists, including counsellors, social workers and psychologists).

7. https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf
8. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/global_humanitarian_response_plan_covid-19_.pdf

IOM'S AREAS OF INTERVENTION

COORDINATION AND PARTNERSHIPS

The IOM regional office and all country offices in the region will facilitate and support Ministries of Health, Ministries of Interior, relevant border management agencies and WHO in coordination at regional level and country level.

At the regional level, coordination will include:

a. Leading technical working groups in regional coordination of points of entry/exit for East and Southern Africa, in close collaboration with WHO, Africa Centre for Disease Control (A-CDC), US Center for Disease Control (CDC), International Civil Aviation Organization (ICAO) and the regional economic community partners (such as EAC, IGAD) and coordination platforms operating out of Nairobi;

b. Coordinating and producing, in collaboration with governments and WHO, reports, programme good practices, harmonized SOPs for PoE to assist country implementation. IOM will set-up a sharing mechanism to make these available to all implementing agencies;

c. Conducting rapid analysis in partnership with specialized financial organizations and multilateral development banks to assess the impact of disruption of the ongoing crisis on migrant and host communities in terms of their financial and socioeconomic well-being and development plans for COVID-19;

d. Facilitating dialogue to support governments to explore innovative mechanisms such as through remote diaspora engagement to contribute to COVID-19 response and recovery efforts, including the social and economic impacts.

At the country level, coordination will include:

a. Supporting coordination within country and across borders to facilitate timely care and referral in line with International Health Regulations (IHR 2005), including relevant inter-sectoral coordination with other pillars leads and working groups in-country;

b. Coordinating with migration and relevant border agencies and authorities on possible integration of health information within current immigration data systems for real-time surveillance data;

c. Supporting governments to ensure continuation of essential migration services at key crossing points and points of entry that are directly linked to the transfer of medical goods and thus central to efforts to develop national preparedness and response;

d. Strengthening cross-border coordination and enhanced national surveillance, information sharing and reporting.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM will support migrant and displaced populations as well as host communities with outreach and awareness efforts; mobilize migrant, IDPs and host communities and networks in linguistically and culturally appropriate methods. IOM will work closely with UNICEF and private companies, including:

a. Enhancing RCCE at points of entry/exit and cross-border areas (land and water), and truck driver stop-points. Particular attention on risk communication will be dedicated to migrants on the move and mobile groups such as truck drivers and crew;

b. Adapting risk communication material and approaches for community engagement to be migrant-inclusive to ensure risk communication messages are culturally and linguistically tailored;

c. Supporting UNICEF as the lead agency for RCCE activities, by providing RCCE activities among border communities, migrants, displaced populations and mobile population networks, and providing migrants, IDPs, refugees and the host communities' access to timely and correct information, including but not limited to radio, crisis hotlines, and other means of remote communication with travellers and vulnerable target mobile populations;

d. Monitoring media communication, measuring episodes of xenophobia or COVID-related stigma;

e. Design communication and educational outreach targeting the public on the needs of the most vulnerable, including women, children, the elderly, and informal workers to inform and alleviate xenophobia, racism and promote social cohesion;

f. Strengthening the capacity of health-care workers and other actors on psychological first aid adapted for pandemics, using tested models developed for outbreaks such as Ebola;.

g. Ensuring the inclusion of psycho education and informal education on self and peer support on RCCE messages as well as informal education measures;

h. Mainstream good hygiene practices through the development and dissemination of fit-for-purpose information, education communication (IEC) materials tailored to the needs of migrants and related communities;

i. Establishing a repository of information, education and communication (IEC) materials, models of intervention and practices for migrant- and other displaced populations inclusive communications;

j. Strengthening community engagement in IDP and refugees' sites and camp like settings to continue assuring accountability to affected population and support relevant information and awareness campaigns.

DISEASE SURVEILLANCE

IOM will take the lead to enhance surveillance data and information at PoE and at high human mobility and migration routes, including by:

a. Supporting national governments in strengthening disease surveillance, such as among border communities and at PoE. IOM also uses its expertise in community event-based surveillance (CEBS), data collection and population mobility mapping to better understand mobility trends so as to inform COVID-19 plans and responses.

b. Empowering and supporting mobility mapping capacity of key actors to better identify potential hotspots and mobility routes;

c. Activating immediate CEBS in refugee camps and settlements in collaboration with UNHCR, IDP settlements, urban areas and in locations covered by humanitarian operations;

d. Generating data and analytics on human mobility to strengthen surveillance information, particularly among border communities, PoEs, and migrant-dense areas and routes;

e. Strengthening CEBS by linking mobility information to surveillance data, particularly among border communities, PoEs, and migrant dense areas;.

f. Training government counterparts and other key partners on community evidence-based surveillance and linking mobility information to surveillance data particularly within migrant-dense area;

g. Training related government counterparts and key partners on conducting participatory mapping exercises to identify high-risk transmission mobility corridors and areas to inform national preparedness and response plans;

h. In close coordination with partner UN agencies, support governments to establish quarantine sites as part of their preparedness and response plan in accordance with IHR core capacities. The quarantine facilities will host travellers under public health observation, defined as per COVID-19 national and WHO criteria. Travellers will include nationals and foreigners including migrants who meet the COVID-19 criteria for quarantine. Quarantine facilities are to be set-up as per WHO recommendations for quarantine space and will be under the full management of the concerned governments. No assisted voluntary returns (AVR) will take place from these facilities unless migrants indicated their willingness to return voluntarily prior to entering the facilities.

POINTS OF ENTRY AND EXIT (POE)/POINTS OF CONTROL (POC)

In coordination with WHO, IOM will support Ministries of Health, Ministries responsible for Immigration/ Border management and other key partners to enhance the preparedness of prioritized points of entry (PoE) and points of control (PoC) at informal crossings or within countries and to respond through:

a. Conducting Quality Assessment at PoE and PoCs, identifying possible gaps and means for improvements;
b. Supporting active surveillance including health screening, referral and data collection at PoE;
c. Supporting the development and dissemination of PoE-specific Standard Operating Procedure (SOPs) for detection, notification, isolation, management and referral;
d. Training immigration and border health staff on SOPs to manage ill travellers and on infection prevention and control, and in areas where there are no health staff, advanced training for immigration and customs staff;
e. Enhancing infrastructure and digital systems for data capturing;
f. Assisting in provision of needed Personal Protective Equipment (PPE) and supplies for screening;
g. Assisting at border areas and border crossings to improve hygiene infrastructure and equipment at PoE sites.

NATIONAL LABORATORY SYSTEM

In coordination with country authorities and Ministries of Health (MOH), IOM will contribute to expanding COVID-19 testing capacity as follows:

a. Setting up COVID-19 testing in IOM laboratories in eight sub-Saharan African countries, in cooperation with Ministries of Health of respective Member States;
b. Integrating IOM's existing GeneXpert instruments in countries' COVID-19 testing network, according to the need, and providing training to laboratory staff in these existing laboratory facilities in order to decentralize testing facilities, reaching under-served areas;
c. Establishing COVID-19 testing facilities to integrate national capacities to test vulnerable groups within general and migrant populations;
d. Fast tracking shipment of specimens – IOM can extend assistance to neighbouring countries, particularly those with less testing capacity since IOM laboratories have an established and functioning specimen referral system in the region;
e. Provision of trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation through official channels in coordination with WHO.

INFECTION PREVENTION AND CONTROL (IPC)

IOM will assist in enhancing the capacity for infection, prevention and control of the disease, including by:

a. Training on IPC for health professionals, immigration officers, customs and other relevant actors at PoE and other settings;

b. Supporting the adequate provision of WASH services in health-care facilities and PoEs;

c. Scaling up of WASH services in displacement settings and their alignment with context-relevant IPC measures;

d. Site improvements so as to enhance and improve hygiene practices and WASH facilities, working with health actors to plan for expansion of health facilities or re-purposing of other facilities;

e. Supporting development of protocols for handwashing and waste disposal that are fit for purpose for the needs of migrants and related communities; and

f. Producing COVID-19 technical guidance and tools for specific contexts, such as Migration Response Centres and other IOM operations. This will include guidance on re-adjusting for COVID-19 requirement on spaces, quarantine, risk communication.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM will continue strengthening and maintaining direct health-service delivery to IDPs, refugees, migrants and returnees while integrating COVID-19 requirements, including by:

a. Providing direct primary health care services delivery to IDPs and migrants and align services to COVID-19, whilst using a service delivery model calibrated for urban areas, camps, and migratory routes offering comprehensive primary health care services, including HIV, TB and Malaria detection and treatment;

b. Advocate for inclusion of migrants in case management and hospitalization when required in government hospitals and facilitate dialogue with financial institutions for health coverage;

c. Support governments with provision of technical and operational support through short- to medium-term secondment of staff for clinical management of cases and ensure treatment protocols and guidelines are in place.

LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT.

In response to government requests, IOM will continue assisting Member States in:

a. Procuring Personal Protective equipment (PPE) for COVID-19 along with supporting supply chain management, capitalizing on our existing Shelter and Non-Food Items (NFI) operational capacities and capacity to supply essential drugs, consumables and medical equipment;

b. Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies especially at border points.

PROTECTION

IOM will enhance capacities to ensure the protection and access to services of all migrants, travellers, displaced populations and local communities through:

a. Ensuring assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and information, as well as an updated analysis on the impact of the COVID-19 pandemic and response on the protection situation within communities. Such protection concerns could include e.g. increased incidents of gender-based violence (GBV) (including sexual exploitation and abuse (SEA) or intimate partner violence (IPV)); family separation; persons in need of specific care and protection left behind, e.g. persons with disabilities (PWD), children and older persons; and safety and dignity concerns for migrant women and girls in compulsory quarantine;

b. Assisting stranded migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization;

c. Creating Mental Health and Psychosocial Support (MHPSS) self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams linguistically and culturally able to serve those populations;

d. Strengthening existing protection mechanisms and social services, including cross-border, to identify and support persons in need of care or protection and refer them to appropriate services (e.g. alternative care, emergency support or assistance, social services);

e. Staffing protection response for assessments, analysis and building capacities, as well as for mainstreaming and monitoring protection across the other sectors' activities, including monitoring and/or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms;

f. Review and respond to requests for support for vulnerable migrants using IOM's established procedures for migrant screening, case budgeting, planning and service delivery;

g. Establishing regional information management focal points to gather and distribute accurate and up to date information, including responding directly to information requests from individual migrants; and

h. Promote gender expertise in national and regional level response teams and task forces, including to promote attention to gender perspectives in social protection plans and emergency economic schemes, and to unpaid care by women, specific constraints for women entrepreneurs and women in the informal sector.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

IOM will continue supporting regional, national and local authorities to prevent and mitigate the possible impact of COVID-19 on humanitarian operations, while enabling ongoing humanitarian assistance. Particular attention will be given to IDP settlements, refugee camps, reception and transit centres, and urban areas with large migrant and refugee populations, as follows:

a. Supporting governments to ensure continuation of services in existing camps and camp-like settings while protecting displaced populations from COVID-19 exposure;
b. Developing contingency and response plans for ensuring continuation of services in existing IDP sites at risk, and preparedness for increased displaced populations;
c. Community engagement, risk communication and awareness raising, including strengthening referral mechanisms; mobilizing communities for preparedness planning and actions, community planning for mitigation measures – schedule for usage of facilities, flow of movement within the sites; establishing community reporting mechanism, etc.;
d. Contingency planning at site level which may include identification of additional land for health facilities, planning for dead body management, etc.;
e. Capacity building of community leaders, host communities and local authorities; and remote capacity of IOM staff; and
f. Support reduction of overcrowding in collective sites via standardizing shelter typologies, additional shelter assistance and advocacy through direct assistance to strengthen resilience and reduce risk.

DISPLACEMENT TRACKING MATRIX (DTM)

IOM's Displacement Tracking Matrix (DTM) will support in providing information and trends on human mobility along with a comprehensive understanding of the effect of COVID-19 on mobility trends at global, country, and cross-border/inter-regional levels through:

a. Working jointly with IOM health experts to produce geographic surveillance mapping;
b. Mapping travel restrictions, visa changes, airline suspensions and health-dependent mobility restrictions imposed by countries;
c. Tracking the presence of stranded migrants and vulnerable populations in border areas and locations in countries through activation of flow monitoring points;
d. Strengthening the network of key informants at camp and community levels to report on issues arising as a result of COVID-19; and
e. Developing a dedicated population mobility portal for COVID-19 preparedness and response for the East and Horn of Africa region.

ADDRESSING SOCIOECONOMIC IMPACT

IOM will assess and respond to the impact the COVID-19 crisis on migrant and host communities in terms of their financial and socioeconomic wellbeing including the likely impact on trade for mobile populations such as farmer/fishing, pastoralists as well as the impact of reduced remittance flows. In view of this, IOM will:

a. Engage with diasporas, making use of diaspora medical and educational experts to assist during relevant country interventions, including by establishing a regional rapid response network of diaspora health practitioners (doctors, nurses, social workers/ interns) to provide expertise advice and assistance to health services and health policy related systems;

b. Generate and share data, situation assessments, information, knowledge and lessons learned on the status of migrant worker households and communities and collect sex-disaggregated data to mitigate disproportionate effects of the burden of the COVID-19 crisis on women;

c. Work closely with CSOs to target migrant worker households to preserve and boost social cohesion, including through promoting access to educational and cultural resources used to overcome social isolation;

d. Engage the diaspora to design and launch an educational portal for migrant workers' children left behind and employ diaspora teachers and educators to develop relevant materials and provide training;

e. Work with government and non-government entities, private sector (scientists, entrepreneurs and innovators) as well as CSOs, youth and women, diaspora organizations, and consular services to join the global response against COVID-19, including in awareness campaigns, cultural outreach, handwashing campaigns, volunteering/philanthropy to support the elderly and vulnerable populations;

f. Conduct outreach to migrant workers abroad to increase usage of digital means for transferring money home;

g. Work with money transfer agencies in partnership with the African Institute of Remittances to promote continuity of service during the restrictions, acknowledging the fact that sending and receiving remittances is an essential service. At the same time promote awareness by front-line agents of and compliance with COVID-19 prevention measures, especially in the handling of cash, which can be a vector of transmissible diseases;

h. Support displaced populations, returnees and host communities to cope and recovery from the economic impact of COVID-19 movement restrictions on livelihoods.

Infection Prevention and Control (Hand Washing) for Refugees for VolRep to Burundi as part of Fit to Travel Medical Screening
Photo: © IOM

COUNTRY ANNEXES

BURUNDI

The Government of Burundi has taken several measures to strengthen the country's ability to prevent and stop COVID-19 transmissions, including the temporary closure of commercial air traffic, and limiting the opening of bars and restaurant to 9 PM. Borders have partially been closed temporarily, except for goods, cargo and returning Burundi citizens or legal residents.[8] However, although taken early, these measures were not successful in preventing the spread of COVID-19 into Burundi with three confirmed cases as of 31st March 2020.

Currently, the Government of Burundi has imposed heavy restrictions on migrants and travellers at the points of entry, including Burundian citizens, often requiring travellers to wait to be processed at inadequate waiting areas between borders. The average upwards of 150,000 travellers crossing the borders monthly (especially for commercial purposes), extended bottlenecks at PoEs, and passage through unmonitored and unsupervised informal PoEs, could not only result in the transmission of COVID-19 among the population, but also cause a serious humanitarian emergency just outside the border areas.

IOM Burundi current response

- Technical lead for PoE in Burundi, coordination of all cross-cutting sectors for border and health management for COVID-19, Establishment of Cross border Coordination Platform headed by the Ministry of Health, including Depts of Migration, Security, Civil Protection, Customs;
- Provided training for Immigration & Health officials on IPC and basic hygiene;
- Conducted training for Community Health Workers in Psychological First Aid for families and patients affected by COVID-19;

8. Office of the Prime Minister, Announcement on enhanced COVID-19 prevention measures, 21/03/2020.

- Collaborating with the Ministry of Health to procure screening and basic personal protective equipment for immigration officials;
- Trained 60 health volunteers in pyschosocial support for COVID-19 in the province of Rumonge that includes the modification of existing protection programming and the development of new activities to address protection issues; and
- Developed advocacy points to engage a range of stakeholders (authorities, other UN agencies, NGOs etc.) to ensure dignity of returning and stranded migrants, to facilitate access and to provide assistance to those in quarantine, in need of specific care, such as children or individuals with mental health conditions.

IOM Burundi planned response

- Support the National Contingency Plan for PoE as well as cross border coordination;
- Dissemination of risk communication and hygiene messages for cross border communities, provide messaging for travellers at PoE, basic IPC and COVID-19 transmission sensitizations for immigration and health officials at PoE, and support a national crisis hotline for COVID-19;
- Conduct Population Mobility Mapping exercises to identify points of vulnerability;
- Work closely with UNICEF and MOH to establish Community Events Based Surveillance system among cross border communities at risk of COVID-19 transmission;
- Scale-up of DTM Flow Monitoring along Tanzanian and Rwandan borders, and conduct Population Mobility Mapping exercises to identify points of vulnerability whilst continuing to monitor the status of Points of Entry (PoE) and identify any stranded migrant at border points;
- Enhance surveillance at PoEs and Points of Control (PoC) by increasing screening points;
- Provision of Infection Prevention and Control measures a PoEs and quarantine areas;
- Support PoE through the continued training of Immigration and Health officials, the provision of equipment and transport assistance as well as structure rehabilitation and the construction of temporary ad-hoc pre-quarantine areas;
- Continue the development of SOPs for COVID-19, multisectoral coordination and technical support for the Points of Entry and cross border communities, as well as central level support with regard to essential surveillance equipment and regular supervisory visits to the PoE;
- Train laboratory technicians based in national or provincial referral laboratories, provide sample collection at points of entry and transport to referral laboratories, running of COVID-19 testing at IOM laboratories and reporting into national surveillance database systems;
- Sensitise cross border communities, travellers at PoE, immigration and health officials at PoE on IPC measures for pre-quarantine and quarantine areas;

- Provide capacity assistance to healthcare workers responding at catchment health facilities near PoE, coordination with health sector to provide access to primary healthcare providers to displaced populations affect to COVID-19 when data indicates need or a non-health disaster occurs;
- Providing clinical assistance and surge support to improve screening and testing where needed
- Supply of necessary PPE for case management and testing, procure test kits, reagents, and PPE for rapid testing;
- Undertake Protection assessments and monitoring in additional border points. Provide direct assistance (protection kits, psychological first aid, case management if needed etc.), communication and advocacy for protection of returning and stranded migrants; and support cash for work for COVID-19 affected individuals and communities.

Budget required: $4,370,000

DJIBOUTI

The ongoing COVID-19 pandemic requires a coordinated approach between government, non-governmental organizations, civil society organizations and United Nations agencies. According to the WHO, over 290,000 cases have been confirmed worldwide, with a reported 12,784 deaths. The number of COVID-19 cases continue to raise in and the Government is taking unprecedented preparedness and response measures.

Border points remain closed with no confirmed date of reopening. In addition, Government has put in place a crisis committee and technical sub-committees in which UN agencies participate and which will be the channel for coordinating all COVID-19 preparedness and response activities.

IOM Djibouti current response

- Actively participating in coordination meetings with the Government, particularly the Ministry of Health and Ministry of Interior;
- Providing multi-sectoral assistance to 268 vulnerable migrants living in the Migrant Response Centre (MRC) in Obock and the transit centre in Loyada. IOM deployed hundreds of community mobilisers along the migration corridor and in towns with high concentration of migrants to sensitize migrants, refugees and host communities on the risk and dangers of COVID-19;
- Multi-sectoral assistance for more than 800 migrants who are or have been sheltered in the Government-led, Masgara site, outside Obock town;
- Conducting Population Mobility Mapping exercises, the results of which will help identify priority locations vulnerable to the spread of COVID-19, identify high risk transmission mobility corridors and areas to inform national preparedness and response plans;
- More than 450 items provided to the hospitals and medical centers in Obock, Dikhil, Ali Sabieh, Djibouti and Arta;
- Training of 57 health practitioners on COVID-19 response and preparedness in the regions of Dikhil and Ali Sabieh;
- Supporting CARITAS with food and non-food items to ensure that street-children receive assistance.

IOM Djibouti planned response

- Conduct sensitization in areas with high number of migrants in Djibouti town as well as in migrant's government-led sites;
- Set-up 3 additional Flow Monitoring Points to better capture informal flows and conduct sensitization on the risks and dangers of COVID-19;
- Establish screening/isolation spaces in hospitals and medical centres and in border points;
- Provide multi-sectoral support to Government-led sites and surrounding communities;
- Continue to distribute hygiene material to hospitals and PoE;
- Support a shelter for street children in coordination with the Ministry of Women Affairs and Psycho-Social support activities focused on COVID-19.

Border points remain closed with no confirmed date of reopening

Budget required: $2,000,000

ERITREA

In its COVID-19 Preparedness and Response Plan, the Government of Eritrea has taken proactive approach to strengthen the health system in order to prevent and control any COVID-19 emergency in the country. COVID-19 has the potential for a system-wide impact and the continuity of essential health services are likely to be disrupted. In this regard, the Government of Eritrea has engaged both UN Country Team members and donors to solicit support for its COVID-19 Preparedness and Response Plan.

Given the importance to ensure access to health services for the most vulnerable population, a dedicated facility for COVID-19 treatment has been provided to ensure that suspected cases do not access other health facilities. In addition, rapid prevention measures focussing on communication and community engagement have been initiated. The Government of Eritrea has also put in please measures such as banning of all international flights, closing of learning institutions, movement restriction between providences and lockdown of the capital, Asmara. Interventions at border points and border crossings with an emphasis on targeting migrants, mobile population and pastoralists are essential.

IOM Eritrea current response

- Coordinating with the Ministry of Health to support COVID-19 response through the One UN approach;
- Procured and delivered PPE and screening supplies, including 100 safety goggles, 300 plastic surgical aprons (disposable), 100 packs of disposable shoe covers, 30 infrared thermometers (non-contact), 300 disposable caps and 100 personal protective gowns.

IOM Eritrea planned response

- Strengthen and expand the risk communication and Community Engagement with COVID -19 awareness raising to be directed to migrants, mobile population and pastoralist at land border and crossing points; and
- Develop and disseminate SOPs at PoE, provide training on PoE SOPs, procurement of PPE and supplies for screening.

Budget required: $450,000

ETHIOPIA

On 13 March 2020, Ethiopia confirmed its first case of COVID-19. Ethiopia, with a population of over 105 million people, is a migration hotspot for regional movements, through Africa and to the Gulf. It is home to over 750,000 refugees from neighbouring countries and is a hub of trade. It has one of the world's largest internally displaced populations, primarily from conflicts. The country has a uniquely complex mobility environment and a regional governance system. At present and to prevent the spread of COVID-19, the regional governments have taken individual measures to close and control their borders with neighbouring regions while restricting internal movements. Federal reforms have been met with increased local tensions in many communities which have sought to solidify ethnic majorities and marginalize minorities ahead of now-postponed 2020 elections.

IOM Ethiopia current response

- Supporting 1,770 Ethiopian returnee migrants from Djibouti in Dire Dawa, 148 returnees from Kenya in Moyale, and 1,200 returnees in Addis Ababa with food, accommodation, NFIs, and onward transportation assistance, as necessary;
- Over 90,000 individuals have been provided with hygiene awareness, soap, WASH NFIs, and clean water;
- 29 IOM healthcare personnel – including 7 Medical Doctors and 12 nurses – are available to join the COVID-19 national response;
- Providing training to 60 community water management committees on COVID-19 mitigation measures;
- Trained 100 government health workers and 10 Mental Health and Psycho-Social (MHPSS) counsellors on COVID-19 response;
- Continue to provide services to displaced populations in IDP sites and similar settings to ensure better hygiene and access to water and sanitation as per CCCM IASC COVID-19 guidelines;
- Continue to operate in five Flow Monitoring Points in strategic locations: Dawanle (Djibouti border), Tog Wujale (Somali border), Galafi (Djibouti border), Metema (Sudan border), and Humera (Eritrea border; and
- Coordinating with the Ministry of Health on capacity building of health staff in border areas including migration officers and strengthening prevention activities.

The country has a uniquely complex mobility environment and a regional governance system based on ethnic alliances

IOM Ethiopia planned response

- Engage in RCCE and work with national counterparts to ensure that public health messages are culturally and linguistically tailored to displaced people, migrants and mobile populations;
- Train Rapid Response Teams (RRT), Emergency Operation Centre, zonal health bureaus and other surveillance focal persons at national and subnational levels in contact tracing, disease monitoring and reporting;
- Support the Government of Ethiopia to manage quarantine facilities. Support will include the provision of NFIs and food, the provision of equipment for centres (including medical equipment for screening), provision of MHPSS services, as well as personnel to manage and clean the centres;
- Prepare Transit Centres and Migrant Response Centres for COVID-19 compliance;
- Support the development and dissemination of PoE specific SOPs for detection, notification, isolation, management and referral;
- Train immigration and border health staff on how to manage ill travellers and on infection prevention and control;
- Carry out health screenings, referrals of clinically suspected cases and data collection at PoEs to support active surveillance;
- Enhance the provision of WASH services at PoEs, in displacement settings, and in communities where the needs are the highest. Support will also include the creation of protocols for the referral of suspected cases from IDP sites and similar settings;
- Second additional healthcare personnel to the MOH to support the national COVID-19 response;
- Engage national authorities and UN partners to support the procurement and supply of critical medical supplies (Personal Protective Equipment) to protect frontline health-care workers, as well as to procure testing kits;
- Integrate Mental Health and Psychosocial Support (MHPSS) into the different components of the national COVID-19 response;
- Reduce congestion in sites to the extent possible, and ensure safe engagement and better awareness among beneficiaries. The response in IDP sites and similar settings will focus on highest-risk locations, identified in coordination with the CCCM, WASH, Health and Shelter Clusters;
- Integrate COVID-19 screening in existing and additional Flow Monitoring Points (FMPs); and
- Support livelihood activities for particularly vulnerable returnees, identified in cooperation with the Government of Ethiopia, in the form of community-based projects focusing on food security, nutrition and resilience, as well as through individual emergency reinsertion grants and multi-purpose cash transfers as applicable.

Budget required: $18,000,000

KENYA

The first case of COVID-19 was confirmed in Kenya on 12 March, 2020. Kenya is strategically located as a gateway to the East and Central African region and also serves as the commercial and communication hub in the region. With a border to the Indian Ocean, Kenya is well suited as a transit point to Africa, Europe, the Middle East, South Asia and other Indian Ocean Islands. Kenya's port of Mombasa is a vital cog in the Indian Ocean shipping trade and has the largest volume of container trade on the East African Coast. This route is a gateway to the region and is connected to key trade and migration corridors including the Lake Victoria basin. Kenya also hosts a number of migratory communities both Kenyan National, Ethiopian, Eritrean, Somali, Sudanese, Congolese, Rwandese, etc. it is strategically imperative to work to contain the virus in the capital Nairobi so as to further prevent the spread throughout the region and beyond.

IOM Kenya current response

- Provision of one month's supply of Infection Prevention and Control supplies to 27 Points of Entry/Exit for frontline immigration officers;
- Fifteen staff trained at Eastleigh Clinic on Infection Prevention and Control and screening for COVID-19. IEC materials on COVID-19 prevention measures (WHO – translated in English and Somali) distributed to the Eastleigh Wellness Centre;
- IOM, along with the MoH and Immigration, have conducted six rapid needs assessments at priority Points of Entry (PoEs). The results will inform the specific support offered i.e. IPC training and materials, IEC materials, training on SOPs; and
- Supporting the Ministry of Health through the deployment of 35 health workers. As of 27 March, the deployed staff were working in quarantine sites.
- Cases, as well as contact tracing along migratory routes and communities in or near border areas;
- Conduct Participatory Mapping Exercise

Kenya is strategically located as a gateway to East and Central African region and also serves as the commercial and communication hub in the region.

IOM Kenya planned response

- Undertake RCCE interventions including health and hygiene promotion activities and engagement of community leaders for coordination and dissemination of contextually and culturally suitable messages and materials, with special attention to vulnerable groups such as the elderly, those with co-morbidities and migrants;
- Screening and referral of suspected cases, as well as contact tracing along migratory routes and communities in or near border areas;
- Conduct Participatory Mapping Exercises to identify potential locations for health screening points;

- Conduct training for PoEs staff/non-health (such as immigration officers) and health workers on COVID-19 screening, IPC and referral and management protocols and standard operating procedures;
- Support additional measures that enhance PoE services; IPC and personal protective equipment supplies, coordination with other sectors (WASH services for hand hygiene stations);
- Support laboratory testing for COVID-19 using existing IOM in-country infrastructure and train laboratory personnel;
- Provide psychosocial support by training health worker and community health volunteers (CHV) on psychological first aid (PFA) that includes self-care, and formation of support groups. Provide psychosocial support for affected communities with referral to mental health actors; and
- Strengthen data collection (including mobility mapping and flow monitoring) capacity to better identify and understand potential hotspots and mobility route as well as support with consolidating database for contact tracing activities.

Budget required: $5,670,000

RWANDA

The Government of Rwanda has taken several measures to strengthen the country's ability to mitigate the risk of COVID-19 transmissions, including closing places of worship, schools, and commercial air traffic, limiting large gatherings, encouraging work from home etc.[9] Borders have partially been closed, except for goods, cargo and returning Rwandan citizens or legal residents. In addition, unnecessary movements in the country (except for essential travels) has been prohibited.[10] However, these are only temporary measures and given that Rwanda is a small country with a very high population density, where local transmission has already been confirmed, it is important to strengthen the response.

IOM Rwanda current response

- Supporting the Ministry of Health (MoH) and WHO in addressing preparedness and emergency coordination actions;
- Supporting the MoH and WHO in the dissemination of COVID-19 awareness and preparedness messages through on online dissemination platforms;
- Conducting trainings of trainers for health care professionals and awareness raising sessions for community members on both EVD andCOVID-19;
- Supporting the Government of Rwanda to strengthen PoEs through training, supervision of screening activities and distribution of information material at PoEs and border communities; and
- Conducting Population Mobility Mapping (PMM) exercises, the results of which will help identify priority locations vulnerable to the spread of COVID-19, identify high risk transmission mobility corridors and areas to inform national preparedness and response plans.

Borders have partially been closed, except for goods, cargo and returning Rwandan citizens or legal residents.

IOM Rwanda planned response

- Support cross-border meetings and technical consultations among border authorities: both multi sectoral (health, immigration, customs, local authorities etc.) and specialised/ technical consultations focusing on health and/or immigration so as strengthen border coordination and enhance regional disease surveillance, information sharing and reporting;
- Developing, printing and distributing awareness raising information material such as posters at border posts, border communities and in highly populated areas to promote COVID-19 awareness and other related risks sensitization and prevention. Through the dissemination of approx. 10,000 IEC materials as well as online content, more than 50,000 individuals will be reached at the country level;

9. Republic of Rwanda, Statemen on New Measures to Prevent COVID-19 Coronavirus Transmission, 14.03.2020 & Republic of Rwanda, Ministry of Health, Update on COVID-19 Coronavirus -18.03.2020
10. Office of the Prime Minister, Announcement on enhanced COVID-19 prevention measures, 21.03.2020

- In coordination with WHO and the Government of Rwanda, scaling up PMM exercises in different districts to enable better understanding of the mobility dynamics in the country;
- Support the MoH and other key partners to enhance the preparedness and response of relevant staff working at the prioritized points of entry through capacity building and awareness raising interventions reaching all 30 districts;
- Provide training on surveillance, infection prevention and control to staff of border agencies working at PoEs such as immigration and health personnel;
- Develop SOPs to manage and refer travellers with symptoms and those who are sick;
- Support supervision of screening activities at the PoEs in collaboration with the Ministry of Health and Rwanda Biomedical Centre;
- Provision of COVID- testing equipment;
- Support continuity of critical health services, including support for ambulances/ first aid and provision of minimum basic health care package to vulnerable populations;
- Provide pandemic supplies, including personal protective equipment and other medical commodities like hand sanitizers, infrared thermometers, and sterilizers to MoH;
- In close coordination with the Government and UN partners, train health workers on basic counselling for patients i.e. direct counselling for health workers/first responders;
- In close coordination with the Government and UN partners, reach up to 10,000 individuals through WASH, Health awareness raising and capacity building activities in camps (including the Gashora Emergency Transit Mechanism facility); and
- Hire 30 enumerators (1 per district) to map travel restrictions and visa changes, monitor and map PoEs and status of flows in order to produce flow monitoring reports to support national and local authorities, local health facilities and other partners to better plan specific preparedness, prevention and surveillance interventions and measures.

Budget required: $1,000,000

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

SOMALIA

The humanitarian crisis in Somalia, characterized by both natural and man-made factors, is one of the most complex and longstanding emergencies in the world. Somalia is currently facing a Locust crisis, whilst simultaneously preparing for the Gu' rainy season. With 2.6 million displaced persons, COVID-19 poses an additional challenge in already fragile context where it may further hinder access to basic services, leaving the population highly vulnerable. The durable solutions and resilience efforts invested over the last years could easily be reversed if the humanitarian and development actors do not act quickly towards preparedness and response of COVID-19.

The majority of migrants are either unaware of COVID-19 or fail to see it as a serious health issue. Recognizing that mobility is a determinant of health and risk exposure, there is a need to urgently adopt innovative, systematic, multisectoral and inclusive responses to mitigate, prepare for and respond to COVID-19 amongst the migrant population.

IOM Somalia current response

- Participating to the UN Team coordination and operation response as well as the UN COVID-19 technical working group (medical cluster). IOM has been appointed as a technical lead agency for Points of Entry (PoEs) and Mental Health and Psychosocial Support (MHPSS);
- Supporting the Government of Somalia in addressing COVID-19 by assisting the Ministry of Health (MoH) to ensure that existing essential primary healthcare services remain operational and scale up equipment and capacity in Isolation Centres and treatment facilities;
- Supporting flow monitoring and collecting data on restrictions to mobility being imposed by the government (both internal and cross-border);
- Supporting risk communication and community engagement, specifically targeting PoEs, IDPs, host communities, returnees and migrant population;
- Scaling up hygiene promotion activities across Somalia and providing safe water;
- Continuing to provide services to displaced populations including Camp Coordination and Camp Management and Site Management. WASH and Health activities in camps are being scaled up to ensure better hygiene and access to water and sanitation as per CCCM IASC COVID-19 guidelines; and
- Ensuring preparedness in the Migration Reception Centres (MRC) where COVID-19 material kits were distributed.

With 2.6 million displaced persons, COVID-19 poses an additional challenge in already fragile context where it may further hinder access to basic services

IOM Somalia planned response

- Support the equipping of selected priority POEs with basic equipment, isolation room, Personal Protective Equipment (PPE), IPC/WASH, hygiene promotion materials;
- Support risk communication and communication at POEs and catchment areas - IEC materials, local community engagement;
- Support the development and dissemination of POEs specific standard operating procedures (SOPs) for prevention, detection, notification, isolation, management and referral, and ensure the training of frontline border health officials;
- Support active surveillance including flow monitoring to understand mobility patterns and inform targeted response measures at POEs, collecting data on mobility restrictions;
- Build the capacity of frontline health workers on psychological first aid, stress management and positive coping skills;
- Provide appropriate individual and family levels of psychosocial support to affected individuals, families and communities (through trained health workers);
- Supporting the design and dissemination of key messages that promotes positive coping skills and behavior changes;
- Revise technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored for outreach campaigns;
- Implement of risk communication, hygiene promotion and community engagement activities through communication with communities and feedback along mobility corridors, POEs, IDP sites and among existing migrant, displaced and mobile populations;
- Conduct outreach activities along strategic migration routes for both migrants and host communities to increase understanding of COVID-19 and to avoid stigmatization and retaliation against migrants should there be an outbreak in areas of transit;
- Strengthen Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities, migration routes, Points of Entry (PoE), and migrant-dense areas;
- Engage with national, sub-national authorities and local communities in strengthened data collection and conduct Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans;
- Integrate COVID-19 related information into Flow Monitoring data collection (in particular data on vulnerabilities associated with severe cases of COVID-19);
- Distribute emergency hygiene and scaling up hygiene promotion activities in all project sites;
- Provide water supply for drinking, cooking, handwashing and hygiene (operation and maintenance of existing water supply system and provision of temporary water supply);
- Build additional handwashing and sanitation facilities and ensuring solid waste management;

- Support local authorities and humanitarian service providers with management of IDP sites to ensure minimum service delivery and early identification of unmet basic needs (both individual and collective);
- Support reduction of overcrowding in collective sites via standardizing shelter typologies, additional shelter assistance (in-kind and cash-based assistance) to strengthen resilience;
- Compile information on mobility restrictions that can be made publicly available to migrants intending to move to/from Somalia;
- Collect, analyze and disseminate information on the numbers, profiles and routes of cross-border migrants, and in particular on their vulnerabilities to covid-19, in order to better inform the response toward migrants;
- Establish strategic way stations along migration routes (both primary and secondary) for information collection, dissemination of language-appropriate materials, and general awareness raising as well as direct assistance to migrants;
- Support stranded migrants to access services and continue the support provided at MRCs and Ethiopian Community Centres in Somalia;
- Monitor returnees for vulnerabilities and track secondary migration on return;
- Engage Somali diaspora for their financial contribution to support Somalia's COVID 19 response;
- Business continuity support to trades and markets that have been most negatively been impacted by COVID – 19 through grants, loans, micro-credit or in-kind;
- Unconditional cash to improve resilience of vulnerable households to cope with the effects of COVID-19 and other human induced and natural calamities;
- Adapt and accelerate existing Durable Solutions programming to meet urgent needs of displacement affected communities including community infrastructure projects.

Budget required: $18,000,000

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

SOUTH SUDAN

South Sudan confirmed its first case of COVID-19 on 5 April 2020. The risk of a significant spread of COVID-19 across South Sudan is high, due to the country's weak health system, low water supply coverage, poor hygiene and sanitation services, as well as the challenge of maintaining key humanitarian supply chains through neighbouring countries. This has left the South Sudanese population highly vulnerable, particularly women, children, persons with disabilities, the elderly, internally displaced persons (IDPs) and returnees. IDPs in camps and camp-like settings are faced with specific challenges and vulnerabilities that must be taken into consideration when planning for readiness and response operations. Living conditions in camp settlements and nearby host communities render IDPs particularly vulnerable to the spread of COVID-19, due to crowded living conditions, lack of housing and clean water, inadequate or inaccessible health services, and overwhelmed health systems where available.

A key transmission risk factor is the low availability of water for increased handwashing needs; water is an expensive good, and – in a recent KAP survey, most respondents' coping strategy to not having enough water was found to be decreasing their drinking water consumption, while others adjusted by reducing water consumption for hygiene practices. A further transmission risk factor is a lack of infrastructure that supports hand washing behaviour; the same KAP survey highlighted that a significant proportion of the households surveyed (46.18%) had no handwashing place in their dwelling, yard, or plot, and for those that had it, 36.88% of households had no water available at their hand-washing facility. Furthermore, a significant proportion of households (48.82%) were not using any sort of hand-washing materials.

Given the multifaceted challenges facing South Sudan, it is critical that holistic and integrated multi-sectoral approaches are prioritized

Given the multifaceted challenges facing South Sudan, it is critical that holistic and integrated multi-sectoral approaches are prioritized, building upon the respective value-added of agencies operating within wider humanitarian responses in the country.

IOM South Sudan current response

- Coordinating with the Ministry of Health to support COVID-19 response, including as lead agency for the Points of Entry Technical Working Group;
- Through management of the Core Pipeline Program, supporting S-NFI and WASH in-kind responses, by ensuring the reliable, cost-effective and steady stream of core relief supplies to partners for distribution;
- Provision of CCCM, WASH and Health services to displaced populations, to ensure provision of risk communication and community engagement, better hygiene, and access to water and sanitation as per CCCM IASC COVID-19 guidelines;

- Coordinating the national MHPSS Technical Working Group (MHPSS TWG) and Working Groups/ Networks at state levels, for development of a MHPSS COVID-19 Action Plan;
- Co-leading the GBV Health TRG, and an active member of the national PSEA taskforce, providing technical support to the WASH AAP Technical Working Group; and
- Provision of focused non-specialized MHPSS services in Protection of Civilian and collective sites, host communities and return areas.

IOM South Sudan planned response

- Scale up existing IPC activities, both at Protection of Civilian sites and the community level, including installation and/or maintenance of handwashing facilities at key locations;
- Prioritize risk communication in camps and at the community level, including training-of-trainers on COVID-19 sensitization and integration of COVID-19 risk communication and IPC/WASH Protocols into routine hygiene promotion messaging;
- Establish a robust community messaging tracking mechanism in order to monitor the flow of information to affected populations, map and track messages disseminated in camp and camp-like settings, to avoid contradictory messaging and identify gaps in information sharing;
- Conduct mass-scale communication, including the printing, distribution, and display of IEC materials at key locations, including – inter alia – key traffic areas, social infrastructure, water points and/or communal latrines, markets, lodges/guesthouses, and handwashing stations;
- Adapt and reinforce MHPSS approaches in response to the impact COVID-19 has on positive coping mechanisms and mental health well-being;
- Conduct IPC/WASH and flow monitoring activities at PoEs, including health screening, referral and data collection for evidence-based public health policies;
- Enhance national surveillance, information sharing and reporting capacities of relevant government agencies, and empower and support the mobility mapping and evidence-based surveillance capacity of key actors to better identify potential hotspots and mobility routes;
- Train immigration border/port health staff on SOPs to manage travellers showing symptoms and on infection prevention and control, and support improvement of border infrastructure, including construction of isolation facilities;
- Support SNFI and WASH in-kind responses, by ensuring the reliable, cost-effective and steady stream of core relief supplies to partners for distribution to crisis-affected populations across the country;
- Strengthen community-based protection mechanisms to identify and provide protection and assistance to persons with specific needs in the community, and increase GBV service provision, referral capacity and access to health service provision for survivors;

- As CCCM Cluster Co-Lead, utilize care and maintenance capacity for site adaptation to new identified needs and standards that address congestion, repurposing of facilities, and improvements to infrastructure to support the response;
- Address emergency Shelter and NFI needs of displaced individuals, including provision of life saving emergency shelter and NFIs for newly displaced and most vulnerable populations, and shelter upgrades to reduce transmission and exposure;
- Undertake targeted site assessments to identify risk factors related to COVID-19 and its indirect socio-economic and protection impact; and
- Explore scope to provide cash distributions to vulnerable groups within certain COVID-19 areas, given the likely economic fallout of COVID-19 in the country.

Budget required: $15,000,000

UGANDA

On 21 March 2020, the Ministry of Health of Uganda (MoH) confirmed the 1st outbreak of COVID-19 in the country. The Government of Uganda had taken early and proactive measures that enabled early detection of this confirmed case. Besides closing all educational institutions and imposing restrictions on all outbound and inbound international travel, the state declared COVID-19 a national emergency. The COVID-19 Incident Management System has now moved to response mode to coordinate the implementation of various response activities.

IOM Uganda current response

- Supporting surveillance activities through the provision of Personal Protective Equipment, sanitizers and logistical support for contact tracing;
- IOM together with MoH and WHO, organised the first COVID 19 preparedness monitoring missions in 3 priority PoEs and supported district authorities to develop their own COVID plans; and
- Support the Ministry of Health develop COVID PoE toolkit, the National COVID plan and, with other UN agencies, the COVID-19 Joint UN plan.

IOM Uganda planned response

- Expand the scope of existing SOPs and particularly their harmonisation with procedures implemented in neighbouring countries in view of establishing a stronger cooperation and more efficiency of procedures across common borders;
- Support monitoring missions in priority PoEs, cross border meetings and local coordination on referrals between PoEs, designated health facilities and District health teams;
- Undertake awareness raising activities in border communities and points of congregation characterized by high mobility of persons in order to limit further spread of the virus;
- In view of complementing existing efforts put in place by UNICEF, IOM will support sensitization of border communities that are hard to reach but extremely vulnerable due to their locations, through the training of local stakeholders and community leaders;
- Conduct additional Population Mobility Mapping in the Eastern and Northern part of the country to identify zones of intervention and provide to MoH and partners more information on areas of vulnerability;
- Conduct active screening in identified Points of Entry (officials and unofficial) and community event-based surveillance in communities;

The Government of Uganda had taken early and proactive measures that enabled early detection of this confirmed case

- In order to ensure that all major stakeholders are sufficiently trained and that any update in contents is transmitted in real time, the existing training modules and SOPs will be uploaded in an online training curriculum that will be accessible through a common smart phone;
- Support at least ten critical PoEs and PoCs that are not equipped with adequate infrastructure, to establish temporary locations for screening and isolation (tents or wooden makeshifts). Construction of triage will also be considered for those locations that will require a more rigorous control of flows crossing through;
- IOM Uganda medical team will support COVID 19 testing in close collaboration with the Ministry of Health and complement the efforts of Ugandan Ministry of Health through availing the IOM Medical Health Assessment centre including its laboratory and experienced team to the COVID-19 response;
- Train screeners, border district stakeholders and community leaders in IPC measures at PoE, PoCs and high mobility locations;
- Purchase and distribute infection prevention and control and personal protection equipment in PoEs, PoCs and high mobility locations. IOM will also purchase 6000 COVID 19 test kits;
- Expand data tracking and particularly flow monitoring in the eastern side of the country, where data are scantier. IOM will collect, analyse and disseminate data in close coordination with the Ministry of Health; and
- Continue to support the capacities of the districts in managing migration data along with surveillance data to build on post emergency capacities.

Budget required: $1,500,000

UNITED REPUBLIC OF TANZANIA

The first case of COVID-19 in the United Republic of Tanzania was confirmed in Arusha on 16 March, and the number of confirmed cases has been incrementing since then including one death. The Ministry of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania has been at the forefront of the response, with the support of and in close cooperation with, WHO. In the days and weeks since 16 March, the government has issued directives to limit the spread of the virus. Public gatherings, sporting activities, political rallies and the closure of all schools and universities has also been enacted. Religious activities are exempted.

Directives have also been put in place with regards to travel – both domestic intercity travel, as well as international. Domestically, this includes strict limits on the number of passengers allowed on public transport, as well as a reduced schedule for domestic flights. Internationally, Air Tanzania, the national carrier, has grounded all of its international flights, and COVID-19 screening has been instituted at the Points of Entry. Additionally, the government has mandated that all arriving travellers from abroad will be placed in government-designated facilities for a quarantine period of 14 days. The government has also advised individuals residing in the United Republic of Tanzania to postpone all non-essential travel to other countries due to regional and global impacts of COVID-19 until further notice.

IOM United Republic of Tanzania current response

- Participating in relevant coordination mechanisms; IOM Tanzania is the PoE lead in the UN's COVID-19 Response Plan and is active in all the other Pillars;
- Undertaking a PoE Preparedness Capacity and Needs Assessment in the regions of Kigoma and Kagera, and expecting to extend assessments to Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Mwanza, Mbeya and Zanzibar;
- Conducted IPC awareness-raising sessions in Dar es Salaam, Kasulu, Makere and Kibondo targeting IOM staff, as well as IOM Service Providers;
- Specifically within the context of the voluntary repatriation of Burundian refugees (VOLREP), which is still ongoing at the time of writing, IOM has been: sensitizing VOLREP beneficiaries to exercise social distancing, ensuring that there is to be at least one empty seat between each adjacent passenger on buses; strengthening all other WASH measures to minimize potential risks of the spread of the disease among returnees as well as IOM colleagues carrying it out; and deployed additional nurses at VOLREP departure centres to ensure that everyone who enter the departure centres has their temperature checked;
- Seconding two medical doctors to assist with case management (one in Kigoma city, one in Dar es Salaam) as of 30 March 2020;

The government has mandated that all arriving travellers from abroad will be placed in government-designated facilities for a quarantine period of 14 days.

- Donated two tents to the Kigoma District medical authorities (Kigoma region);
- Seconded one logistician to WHO to assist in the response as of 30 March 2020; on 2 April 2020, IOM Tanzania seconded one Human Resources staff to WHO to assist them with a surge in recruitments in response to the crisis; and
- Providing shelter, PSS counselling and medical assistance to Assisted Voluntary Return and Reintegration beneficiaries who were unable to depart due to travel restrictions imposed; COVID-19 awareness material was distributed to them in their language.

IOM United Republic of Tanzania planned response

- Continue to actively participating in coordination mechanisms;
- Continue to lead the PoE Pillar, in close coordination with WHO which is the agency leading the UN response;
- Strengthen cross-border coordination and enhanced national surveillance, information sharing and reporting;
- Assist RCCE efforts specifically among migrants and mobile population networks by providing migrants and the host communities' access to timely and correct information. If required, IOM will take the lead of RCCE in migration-affected area and cross-border high risk areas. Priority regions are: Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Mwanza, Mbeya and Zanzibar;
- Train government counterparts and other key partners on community evidence-based surveillance by linking mobility information to surveillance data. IOM Tanzania plans to continue training counterparts and key partners on conducting participatory mapping exercise to identify high-risk transmission mobility corridors and areas to inform national preparedness and response plans;
- Undertake a PoE Preparedness Capacity and Needs Assessment in the regions of Kigoma and Kagera, and ready to extend assessments to Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Mwanza, Mbeya and Zanzibar;
- Support the dissemination of PoE Standard Operating Procedure (SOPs) for PoE and train immigration and border health staff on these SOPs;
- Assist in provision of Personal Protective Equipment and supplies for screening, as well as improving hygiene infrastructure and equipment at PoE sites;
- Support laboratory testing. IOMs facility in Makere is being considered a potential site for assisting the United Republic of Tanzania with laboratory testing;
- Train health professionals, immigration officers and health workers on IPC, particularly at PoEs (Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Mwanza, Mbeya, Zanzibar) and at 182 isolation facilities identified by the Ministry of Health for managing COVID-19 patients;
- Support the Ministry of Health 3 active isolation facilities. The MoH aims to activate 182 isolation facilities throughout the country. WHO and Ministry of Health have asked IOM to support isolation facilities including refurbishment/reconstruction and supply of equipment, material and staff. IOM can temporarily second medical staff to the sites;

- Support WHO and the government with the short to medium term secondment of staff to support in clinical management of cases and to ensure treatment protocols and guidelines are in place. So far IOM Tanzania seconded two medical doctors to assist with case management (one in Kigoma city, one in Dar es Salaam);
- Continue the secondment to WHO, as needed, of one logistician to assist with the response and one Human Resources staff to assist with a surge in recruitments in response to the crisis;
- Continue the procurement of material and equipment including PPE for PoEs and case management, test kits, reagents, and PPE for laboratory; material and equipment for Infection Prevention and Control at PoEs and isolation facilities; and shelter/NFI and medical supplies for persons with protection needs;
- Continue to account for SGBV protection needs, further referral for case management, counselling, shelter and PSS services for persons, particularly migrants, who have been negatively impacted by COVID-19 and identified by IOM for assistance; and
- Pilot Flow Monitoring in Zanzibar using Displacement Tracking Matrix, Inflow and Outflow Mobility Mapping with an emphasis on understanding movements from and to the islands.

Budget required $3,200,000

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

REGIONAL COORDINATION AND SUPPORT

The IOM Regional Office for East and Horn of Africa, based in Nairobi, Kenya oversees and supports the ten missions in its region. Through technical, administrative and operational support the Regional Office provides daily support to the missions including providing a quality assurance process on all projects/interventions implemented at a country level. Specifically, for the COVID-19 pandemic response the role of the regional office is to provide technical guidance, build coherence in our response; improve coordination between missions and support resource mobilization.

IOM Regional Office current response:

- Participating in relevant coordination mechanisms at the national and regional levels continues; IOM missions in the region are supporting national and cross-border coordination;
- Coordinating and supporting the Regional Migrant Response Plan (Ethiopia, Somalia, Djibouti and Yemen) within the context of CCOVID-19;
- Supporting countries to re-programme in the context of COVID; and
- Providing technical and administrative support to missions as they prepare their response to COVID-19, including business continuity planning

IOM Regional Officer planned response

- Participate at different regional Technical Working Groups and coordination mechanism with UN agencies and Implementing Partners;
- Produce regional analysis for decision makers presented through infographic and maps on regional human mobility in the context of COVID-19 surveillance which will be and shared on a regular and timely manner with stakeholders;
- Coordinate country implementation assuring coherence and harmonization;
- Produce SOPs for COVID-19 response for each pillar;
- Support the revision and adaptation of risk communication material assuring integration of special requirements for migrants, IDP and other vulnerable people (such as languages, cultural norms etc.);
- Develop an on-line migration-sensitive RCCE training;
- Develop a forecasting model on human mobility-based surveillance;
- Produce surveillance risk map for the region;
- Support Regional Coordination meetings for EAC and IGAD;
- Develop a standardised approach to crises at PoE's aligned to Health , Border and Mobility Management Framework;
- In coordination with REC secretariats, support and or establish in country Technical Working Groups, focused on development of coordinated cross border response mechanisms;
- Support IOMs network of laboratories through technical and managerial oversight and quality control;
- Develop protocols, tools and guidance on handwashing, waste disposal, and site planning according to the field experience;

IOM EAST AND HORN OF AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

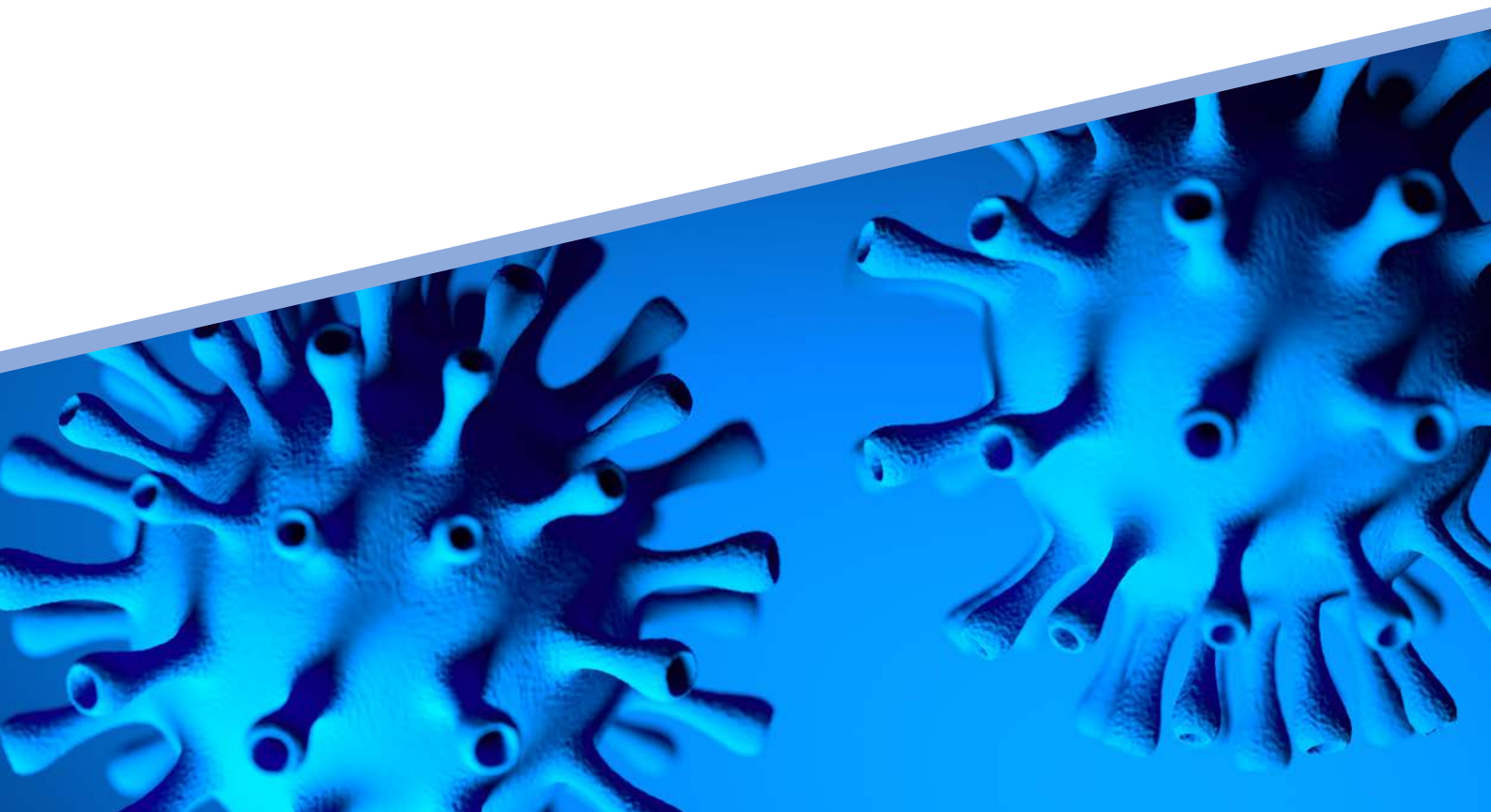
- Assist country in the procurement process of PPE and other COVID-19 related material and equipment;
- Assist IOM country offices in the region with technical expertise to conduct COVID-19 tests;
- Tailor and assist with online training, coaching, provide support on case management in consideration of COVID-19 response; propose innovative approaches, collate up to date information and share with relevant counterparts;
- Monitor discrimination and health protection for migrants in national health systems, including access to testing and treatment;
- Support countries to adapt their humanitarian response to accommodate the additional challenges presented by COVID-19;
- Produce regular regional reports and support country level report production and quality control of migrant flow data. Publish geospatial analysis of COVID-19 surveillance and human mobility data and ensure maintenance of the global COVID related movement restrictions tracking system to inform on the impact of such restrictions and needs of vulnerable populations whose main survival strategy lies on mobility;
- Establish a regional rapid response network of diaspora health practitioners (doctors, nurses, social workers/interns) to provide expertise advice and assistance to health services and health policy related systems;
- Engage the diaspora to design and launch an educational portal for migrant workers children left behind and employ diaspora teachers and educators to develop relevant materials and provide the trainings; and
- Generate and share data, situation assessment, information, knowledge and lessons learned on the status of migrant workers households and communities.

Budget required $2,410,000

LIST OF ACRONYMS:

AAP	Accountability of Affected Populations
CCCM	Camp Coordination and Management
CDC	Centre for Disease Control
CEBS	Community Events Based Surveillance
CHPs	Community Hygiene Promoters
CHV	Community Health Volunteers
CHW	Community Health Workers
DRC	Democratic Republic of Congo
DTM	Displacement Tracking Matrix
EAC	East African Community
EOC	Emergency Operation Centre
EOHA	East and Horn of Africa
FM (P)	Flow Monitoring (Points)
HBMM	Health, Border and Mobility Management
HCW	Health Care workers
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IBM	Immigration and Border Management
ICAO	International Civil Aviation Organization
IDPs	Internally Displaced People/Persons
IEC	Information Education Communication
IGAD	Intergovernmental Authority on Development
IHR	International Health Regulation
IHR EC	International Health Regulation Emergency Committee
IPC	Infection Prevention and Control

LIST OF ACRONYMS:

MHD	Migration Health Division
MHPSS	Migrant Health Psycho-Social Support
MIDAS	Migration Data Analysis System
MoH	Ministry/Ministries of Health
MRC(s)	Migrant Response Centre(s)
PFA	Psychological First Aid
PoC	Points of Control
PoE	Points of Entry
PPE	Personal Protective Equipment
PPM	Population Mobility Mapping
PSEA	Protection Against Sexual Exploitation and Abuse
PWD	Persons with Disabilities
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Teams
SEA	Sexual Exploitation and Abuse
(S) GBV	Sexual and Gender Based Violence
(S) NFI	(Shelter) and Non Food Items
SOPs	Standard Operating Procedures
TB	Tuberculosis
TWGs	Technical Working Groups
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
VOLREP	Voluntary Repatriation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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